No.

20

M

ż

Exact

PHYSI-

PLACE OF DEATH

•	County	Cell C		(-	1	
Village or City Lieenslown (No.						
		L NAME	Barlon	_ (6	2	
			STICAL PARTIC	ULARS	-	
3 5		4 COLOR OR RA	CE   5 SINGLE,	11	- €	
	rale	ev	MARRIED, WIDOWED. OR DIVORCE (Write the word			
5 D	ATE OF BIR	тн			1	
		Ne (Mo:		, 193/ (Year) th	h	
7 A	GE SI	ale Bi	th- mosd	If LESS than a I day hrs. T		
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)						
9 B	(State or cou	intry) Ques	r Cenne	co.	-	
	10 NAME O	Umes	Jones		S	
NTS	11 BIRTHPL OF FATH (State or		Leslin 7	nd		
PARE	12 MAIDEN		se Bar	low i	2	
		Country) due	enslow	nord :	E	
14 '	(Informant	Louisi	7 -	LEDGE III	le	
15	(Address) Queenslown-  Filed Dec. 2 1931 Jelen M. Aldridge.  Registrary					

14616

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 254

Still birth)

(If death occurred in a hospital or institution, give its NAME is stead of street and number.)

16 DATE OF DEATH	- D	2		1921
	(Mor	- '		(Year)
17 I HEREBY CEI				
	192 A. to	1-	1	, 192,
that I last saw h	volok	bul	h	, 192,
and that death occurred	on the da	te stated a	bove, at	m,
The CAUSE OF DEATH *	was as fo	llows:		
Junia	the course of the course of the		assessment to Constitution	***************************************
performed in	1305 L	hy J. H.	Fresher	<u> </u>
			Barto	75ds.
Contributory Secondary		, , , , ,		***************************************
(Signed) Sauil	Dural	pn)		M. D.
192 (Å	ddress)	well	usla	wh
*State the Disease Violent Causes, state Accidental, Suicidal or H	Causing (1) Mean omicidal.	Death, s of lnju	or, in dea ry and (2)	ths from Whether
18 LINGTH OF RISIDE		r Hospita	ls, Instituti	ions, Trans
At place of deathyrsmos	ds.	In the State.	yrs	.mosds.
Where was disease contracted it not at place of dea h?				
Former or usual residence	***************************************		0 0 wed 000pull 0 000 0000000	0000001100000000011100000
19 PLACE OF BURIAL OF	REMOVA	AL	DATE OF	BURIAL
af Home.	-	A	ler-2	. 19 3/
20 UNDERTAKER			ADDRESS	1
N. Boston		8	Queens 4	in Inl
	4.	V S	1 - 4	

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Former or Planter, tion applies to e:ch and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more process of mine, etc. Wom-loborer, Form loborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underapproved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory volvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registfar.

(Signed)

(Address)

(Year)

Data of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRATTE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAIN

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Q Q &	Registration Dist. No. 25-0
Village or City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No. St Ward
(1	f death occurred in a hospital or institution, give its NAME justead of street and number)
$\Omega U = U = U = U = U = U = U = U = U = U $	sds. Hew long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ( SUMME) WELDERS	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Pay) (Near)
5e. If married, widowed, or divorced HU3BAND of	(Total)
(or) WIFE of butterny sarah Dickeres	22. I HEREBY CERTIFY, That I attended decaased from 1931, to Les 12, 1931
6. DATE OF BIRTH (month, day, end year) Fels 28 1862	I lest sew h-n elive on Wel 12, 19.8 /; death is seld
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted ebove, at _ !- O m.
69 9 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, SawyER, BOOKKEEPER, atc	Volty Carling belalen
Andustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
Do Data deceased last worked at this occupation (month and 193)  11. Total time (years) spent in this	
this occupation (month and / spent in this occupation	
12. BIRTHPLACE (city or town) Parelles Tree!	Other Contributory Causes of importence:
(Stete or country)	The state of the s
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation Data of Data of
(State prountry)  LI 15. MAIDEN NAME  AMOUND LONG	What test confirmed diegnosis? Was there an autopsy?
T T T T T T T T T T T T T T T T T T T	23. If death wes due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicida?, 19, 19, 19
17. INFORMANT Willard Welpieron	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Placa 10 th clay Dete 10 22 15 , 1931	Nature of Injury
19. UNDERTAKER WM TO DE DOOR (Address)	24. Was diseasa or injury In any way releted to occupation of deceesed?
20. FILED Dec. 14, 1931 Martha a Phillip	(Signed) M. D.  (Address) Agettin M. D.
If more blanks are needed address State Projection	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A. Valley	T/A == 15		201 [5]
. 4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County () Q (6)	CERTIFICATE OF DEATH
	Registration Dist. No. 250 25
Village or City 14 Lug Levelly (No.	St: Ward) (if death occurred in a hospital or institu- tion, give its NAME in
2FULL NAME JOY THE C FORES.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day), 1905  (Year)	17 HEREBY CERTIFY, That I attended the deceased from  198 to 198 ( that last saw has alive on 198 ( 198 f.)
7 AGE   If LESS than   I dayhrs.   ormin.?	and that death occurred on the date stated above, at 700 m. The CAUSE OF DEATH * was as follows.
(a) Trade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country) Luilty Caroling	Contributory Secondary
10 NAME OF FATHER Que Peles L	(Signed) (Duration) Tree M. D.  (Signed) M. D.  (Address) Turk M. D.
OF FATHER (State or country) Lauth Carthy  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Guging / Julisaul Xory	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
OF MOTHER (State or Country) Fully Cerolic	At place of death
(Informant) Ford	if not at place of dea h?  Former or usual residence
(Address) Luglasell Jul	Fordtown, Md Dec. 20, 1991
Filed Sed 2/ 198/ face ( Keetle) Registral	20 UNDERTAKER They & Son Millington may
if more blanks are needed, addre.s Ltate Negistray	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specimeatour in laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

corbolic acid—probably suicide. The n-ture of the injury, as fracture of skull, and eonsequences (e.g., sepsis, telanus) may be stated under the head of "eontributory." inges, feritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," st\_ted unless important. Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State eause for which surgical operation was underdiseases resulting from ehildbirth or misearriage as (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos... Length of residence In city or town where death occurred \_\_\_\_ PHYSICIAN RECORD. Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) arreed (Month) (Year) 5a. If married, widowed, or divorced BINDIN HUSBAND of That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months Days to have occurred on the date stated above, at 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or. ... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED JO. back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation instructions Other Contributory Conses of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTIIPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis? Was there an autopsy? carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? ... 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... DEAT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, pluods 17. INFORMANT (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury mation LION 24. Wes disease or Injury in any way related to occupation of deceased 19. UNDERTAKER S. No. If so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	11.113
	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINE ż

V. S. No. 1

1. PLACE OF DEATH  County  Village or City  Village or Ci	STATE OF	MARYLAND-	CERTIFICATE OF DEATH		
County Wilage or City State out of the Ward And State and number)  Village or City State out of the Ward And State and number)  Length of rasidence in city or town where death occurred.  And State of rasidence in city or town where death occurred.  John State of the Ward And State and number)  St. How long in U.S. if of foreign birth?  Ward If nonemident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  2. SEX C. COLOR OR EACE  3. SINCLE MARKED WHOWED, WILD WILD WILD WILD WILD WILD WILD WILD	1. PLACE OF DEATH		82-20		
Langh of rasidence in city or form whare death occurred.  Langh of rasidence in city or form whare death occurred.  Langh of rasidence in city or form whare death occurred.  What I death occurred in a horpital or ministration, give in NAME interest of interest of number?  2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  J. SEX A COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  OR DIVERCED wints the word or DIVERCED wints the word or NUMBER of N	County Que C	lune	= 5:1		
Langth of rasidence in city or town whate death occurred.  Langth of rasidence in city or town whate death occurred.  2. FULL NAME  (a) Residence: No.  TOWN long in U. S. If of foreign birth?  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR BACE  5. SINCE REPREDENT ON BY OF TOWN and State  PERSONAL AND STATISTICAL PARTICULARS  OR BY ONCE (white they word)  OR DATE OF BIRTH (month, day, and year)  1. AGE  Years  MONTH, GOVERNMENT, And	Village or City Grasou		No. St. Ward		
2. FULL NAME  (a) Residence: No.  (b) Countries of shocks  (c) Residence: No.  (d) Res	Length of rasidence in city or town where death	(If	death occurred in a horpital or institution, give its NAME instead of street and number)		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	2. FULL NAME Mary	ann you	ds. now long iii 0.5. If of foreign birth?yrs,mosds.		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	(a) Residence: No Gra & M.	uprille	Ct Wand		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR BACE  5. SINGLE, MARRIED, WIOWAD, OR DYNORGED ("wire thy word)  Frank Jol 1996  5. If married, widowad, or divorced Jones of the particular of the parti	(a) hostaerice. No.	(Usual place of abode)			
So. If married, videward, or divorced HUSAND of Work of Control of	PERSONAL AND STATISTICA	L PARTICULARS			
5.6. If married, widowad, or divorced HUSBAND (19.2)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trede, profession, or particular  7. AGE  8. Trede, profession, or particular  7. AGE  8. Trede, profession, or particular  8. Trede, profession, or particular  9. Industry on  19. (death is said  10. have occurred on the data stated abova, at T. R. T.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance  Were as follows:  Oate of onset  Oate of oate onset  Oate of oate of oate oate oate oate oate oate oate oate	I White	OR DIVORCED (write the word)	Dec. 6 1981		
7. AGE Years Months Days If LESS than I day. hrs. The PRINCIPLA CAUSE OF DEATH and related causas of importance were as follows:  8. Trede, profession, or particular were as follows:  9. Industry or business in which work was done as SPINNER, However with the work was done as SILK MILL, SAWYER, BOOKKEPER, stc. 10. Date deceased last worked at year)  10. Date deceased last worked at year)  11. Total time (years) spann in this occupation of months end year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. Survey of the properties	HUSBAND of	k Lolt sm			
T. AGE Years Months Deys If LESS than 1 day, hrs. or min.  8. Trede, profession, or particular SAWYER, BOOKKEPER, etc. 9. Industry or businass in which was to see as SPINNER, Were as follows: 10. Date deceased last worked at this cocupation (month end see as follows: 11. Total time (years) Spant in this secupation (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BIRTHPLACE (city or town)  19. What tast confirmed diagnosis?  10. Date of country occurry of in INOUSTRY, in HOME, or in PUBLIC PLACE  19. What diagnosis?  19. What date occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  19. One of peration  19. What diagnosis?  19. UNDERTAKER of the country occurry and State)  20. FILEO  19. UNDERTAKER of the country occurry and state)  19. UNDERTAKER of the country occurry and state)  20. FILEO  10. The PRINCE (city or town)  10. Date data stated abova, at.  11. The PRINCE (city or DEATH and related causes of importance were as follows:  10. Date data stated abova, at.  11. The PRINCE (city or DEATH and related causes of importance and importance are so follows:  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. NYORMANT  18. BIRTHPLACE (city or town)  19. What tast confirmed diagnosis?  19	6. DATE OF BIRTH (month, day, and year)	m. 29-1852	last saw h   aliva on   19   death le said		
8. Trede, profession, or particular kind of work done, as SPINNER. How were as follows:  SAWYER, BOKKEPER, atc.  10. Date decessed last worked at this occupation (month end years)					
S. Trede, profession, or particular kind of work done, as SPINRR, Howar write SAWYER, BOOKKEPER, atc.  9. India of work done, as SPINRR, the work was done, as SILK MILL, SAWYER, BOOKKEPER, atc.  10. Date daceased last worked at this occupation (month end year)  11. Total time (years) spant in this occupation (month end year)  12. BIRTHPLACE (city or town).  Claurch Hill SIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, GREMATION, OR REMOVAL  Place  19. UNDERTAKER AFA THE ACCUPATION OF REMOVAL  Place  19. UNDERTAKER AFA THE ACCUPATION OF REMOVAL  Place  19. UNDERTAKER AFA THE ACCUPATION OF REMOVAL  Place  19. ACCUPATION, OR REMOVAL  Place  Onto I Table Accupation  Accupation  Onto Contributes  10. Determination  Other Contributes			Were as follows:		
Solution   Single	8. Trede, profession, or particular	us wile	Oato of onset		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. The state of country  19. UNDERTAKER  19. The state or country  10. FILEO  11. The country  12. A. C. C. The country  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL Place  18. BURIAL CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. The country  19. UND	SAWYER, BOOKKEEPER, atc.	wyre	Melligollera		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. The state of country  19. UNDERTAKER  19. The state or country  10. FILEO  11. The country  12. A. C. C. The country  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CREMATION, OR REMOVAL Place  18. BURIAL CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. The country  19. UND	work was done, as SILK MILL,		Teoulting from		
12. BIRTHPLACE (city or town).  Church Hill  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Addrass)  (Addrass)  Church Hill  Neme of operation.  Neme of operation.  Neme of operation.  Neme of operation.  Oate of  What tast confirmed diegnosis?.  Was there an eutopsy?.  23. If death wes due to externel causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?.  Date of injury.  19. Where did injury occur?.  Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  Mannar of injury.  Nature of Injury.  19. UNOERTAKER A Mannar of Injury.  19. UNOERTAKER A Mannar of Injury.  24. Was disease or injury in eny wey related to occupation of dacessad?  If so, spacify  (Signed).  M. D.  Registry.  (Address)	- I the occupation (month end	spant in this	Obrelleral hollisonhage		
(State or country)  2. C. M. MAME  13. NAME  14. BIRTHPLACE (city or town). No Church Hilly (State or country)  2. C. M. Mohat to of operation.  What tast confirmed diegnosis?  Was there an eulopsy?  23. If death wes due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury.  17. INFORMANT A. Factor South  (Addrass)  Date of injury occur?  (Specify city or town, country and State)  Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.  Mannar of Injury.  19. UNDERTAKER A. M. C. M. M. D.  Regispe.  (Addrass)  Comparison  Neme of operation.  Nethorized the subject of the subject operation.  Neme of operation.  Neme of operation.  Neme of operation.  Neme of operation.	Chara A.	h. Hill	Other Contributory Causes of Importence:		
13. NAME		es mi			
What tast confirmed diagnosis? Was there an eulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATIDN, OR REMOVAL  Placa  (Addrass)  19. UNOERTAKER  (Addrass)  20. FILEO  12. 18. 19.31  (Addrass)  What tast confirmed diagnosis? Was there an eulopsy?  21. If death wes due to externel causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.  Mannar of injury  Nature of Injury  19. UNOERTAKER  (Addrass)  24. Was disease or injury in eny wey related to occupation of daceasad?  If so, spacify  (Signed)  (Address)  M. D.  Registry  (Address)		with	Ryperleution		
What tast confirmed diagnosis? Was there an eulopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATIDN, OR REMOVAL  Placa  (Addrass)  19. UNOERTAKER  (Addrass)  20. FILEO  12. 18. 19.31  (Addrass)  What tast confirmed diagnosis? Was there an eulopsy?  21. If death wes due to externel causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.  Mannar of injury  Nature of Injury  19. UNOERTAKER  (Addrass)  24. Was disease or injury in eny wey related to occupation of daceasad?  If so, spacify  (Signed)  (Address)  M. D.  Registry  (Address)	H 14 RIPTUPI ACE (situations) INT @	hurch Hill	Name of a section		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Placa  19. UNDERTAKER  19. The Contraction of Cardina State  19. Undertaken State  19. Undert	(Stata or country)	a, co, - ma	VII. VII.		
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Placa  (Addrass)  19. UNOERTAKER  (Addrass)  19. UNOERTAKER  (Addrass)  20. FILEO  12-18-19-31  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.  Mannar of injury  Nature of Injury  24. Was disease or injury in eny wey related to occupation of daceasad?  If so, spacify  (Signed)  M. D.  Registry  (Address)	15. MAIDEN NAME Sarah an	in Golk			
Where did injury occur?  17. INFORMANT A. Frank Yolk  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Placa Outraville  19. UNOERTAKER FOR M. Eville  (Addrass)  19. UNOERTAKER FOR M. Eville  (Addrass)  20. FILEO 12-18-1931 Mele M. Aldridge  (Specify city or town, county and State)  Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.  Mannar of Injury  Nature of Injury  24. Was disease or injury in eny wey related to occupation of daceasad?  If so, spacify  (Specify city or town, county and State)  Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.  (Addrass)  Mannar of Injury  24. Was disease or injury in eny wey related to occupation of daceasad?  If so, spacify  (Signed)  M. D.  Registry  (Address)  M. D.	16. BIRTHPLACE (city or town) 2.a	Cs.			
18. BURIAL, CREMATION, OR REMOVAL Placa Out 12-18-, 19 3!  19. UNOERTAKER of the Water of Injury  (Addrass)  20. FILEO 12-18-, 19 3! Male M. Oldidas  Registry.  Spacify whatter injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of Injury  Nature of Injury  24. Was disease or injury in eny wey related to occupation of daceasad?  If so, spacify  (Signed)	(State or country)	no.	Where did injury occur?		
Placa Ocutro vitte  Oate 12-18-,19-31  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury  19. UNOERTAKER FOR The Company of the Company		Jolf	Spacify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.		
Place Oate 78 -, 19.3   Nature of Injury    19. UNOERTAKER A The Course   Nature of Injury    19. UNOERTAKER A The Course   Nature of Injury    24. Was disease or injury in eny wey related to occupation of daceasad?    15 so, spacify    20. FILEO 12 - 18 - 19.31   Melen M. Oldida (Signed)    Registrate (Address)   Melen M. D.    Registrate   Nature of Injury    24. Was disease or injury in eny wey related to occupation of daceasad?    (Signed)   M. D.    (Address)   M. D.    Registrate   M. D.    (Address)	18. BURIAL, CREMATION, OR REMOVAL		Mannar of injury		
19. UNDERTAKER of the M. terbries (Address)  24. Was disease or injury in eny wey related to occupation of daceasad?  If so, spacify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	Placa Wentra and Oa	te 12-18-,1931			
20. FILEO 12-18-1931 Tele M. aldide (Signed) Willow & M.D.  Registro. (Address) Sleven Sielle	777	tries			
	20. FILEO 12-18-1931 Helen	m. aldridge	(Signed) Wille O Myller M. D.		
	75 L) _ L				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	. 1 year
			1

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	14024		
County Queen anne	Registration Dist. No. 254		
Village or City My Carmichel	No. St Ward		
(I Length of residence In city or town where death occurredyrs,mo:	f death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME alverta M. Greave	ds. How long in U.S. if of foreign birth?yrsds.		
(a) Residence: No. Farm on Myc Island	1		
(Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sec. S 198/ (Year)		
5a. If married, widowed, or divorced HUSBAND-of	(1981)		
(or) WIFE of Michael Survey	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) May 28, 1848	I last saw help alive on Sec. 8 19-3 ( : death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 Rm.		
83 6 10 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
9 Trade profession or particular	Date of onset		
SAWYER, BOOKKEEPER, etc.	Chronic Interstitual nephritis		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Cum mitral Requirest time		
10. Date deceased last worked at this occupation (month and spant in this			
year) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) St. Laurs Mo.  (State or country)	Other Countries of Importance:		
7240441			
[State or country]	Name of operation		
15. MAIDEN NAME Eliza L. nurton	What test confirmed diagnosis? Was there an aulopsy?		
16. BIRTHPLACE (city or town) - Mary land	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
∑ (State or country)	Where did injury occur?		
17. INFORMANT albert W. Greaves (Address) Carmichial and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Currently Oake 12-10,1931	Nature of Injury		
19. UNDERTAKER Soft. It. Eulius	24. Was disease or injury In any way related to occupation of deceased?		
(Address) Centreville Md.	If so, specify		
20. FILED 12-10, 1931 - Nolean M. Wednings	(Signed) M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUMBAU V. S			
Other contributory eauses of importance:		Other contributory causes of importance:	4111-1-1
Gallstones	May 1,1923	Gastroenteritis	1 year

	TION is very important. See instructions on back of certificate.
ified. Exact statement of OCCUPA-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
CTLY. PHYSICIANS should state	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
NEN' ECORD. Every item of infor-	N. B. WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANEN'S ECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

County	un anni		Registration Dist. No. 255
Village or (	City Inumpla	<b>A</b>	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
	01 000	death occurradyrs,	mosds. Hew long in U.S. if of foreign birth?yrsmosd
2. FULL NA		r marila 1	thes
(a) Resider	nce: No. News &	(Usua place of abode)	St., Ward.  If nonresident give city or town and State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fernaly	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	Lee 6 193/
5a. If married, widow HU3BAND of	wed, or divorcad		
(or) WIFE of			22. I HEREBY CERTIFY. That I attended deceased from
	(month, day, and year)	1 lug 1931	I last saw her alive on Dec 5, 1931; death is sa
	3	Days 1 If LESS than 1 day,	The state of the s
9 Industry or work wa SAW MI	ession, or particular work done, as SPINNER, I, BDOKKEEPER, etc	11. Total time (years) spent in this	(/oi-Jaleral)
year)  12. BIRTHPLACE (ci (Stata or cou	ity or town hear &	occupation occupation	Othar Contributory Causes of Importance:
13. NAME - CE	ends the	18	
14. BIRTHPLACE	(city or town) War !	andbrankle	Name of operation Date of
15. MAIDEN NA	ME annie	John Brown	What test confirmed diagnosis? Was thara an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE	(city or town) frum	ane 40 m	Accident, suicide, or homicida? Date of Injury, 19
17. INFORMANT GEORGE Hims (Address) mangion A + 10		ines Ion ATB	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMAT	NALDUM	Date Dic 7 , 193	Manner of injury
	1 my	and	24. Was diseasa or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	lehrer ch	all my	If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	en e	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \ JAN = 1	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF	MARYLAND-	-CERTIFICATE	OF DEA	TH 1	4624

1. PLACE OF DEATH	186-a
County Eusen Com	Registration Dist. No.251
Village or City Year Price	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. Haw long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mollie R. Hu	nter
(a) Residence: No. / (Velsvelle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (193)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of William Hunter	22. A HEREBY CERTIFY That I attended deceased from Pull 2 3, 19.3 /, to 19.3 /
6. DATE OF BIRTH (month, day, and year) Sept. 2, 1846	I last faw h 2 alive on 1997 _; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, from SAWYER, BOOKKEEPER, etc.	Instral De on Hout
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
TO: Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Mean Ridgely (State or country)	Other Contributory Causes of Importance:
	I The state of the
13. NAME (James H Banvicle  14. BIRTHPLACE (city or town)	Name of operation. Delle Date of
(State or country) Marshand	What test confirmed diagnosis? A Dill Was there an autopsy?
15. MAIDEN NAME alice Holt	23. If death was due to external cause (VIOLENCE) fill In also the following:
15. MAIDEN NAME Alice Holt  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide A. D. Date of Injury Aug.
2 (State or country) Maryland	Where did injury occur? (Specify city or town, county hid State)
17. INFORMANT Exa S. Hunter (Address) Lander m	Specify whether injury occurred in INDUSTRY in HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury M. Olkald Well
Place genturille Date Dec 19, 1901	Nature of Injury Add De Level O
19. UNDERTAKER ST CL PADAT	24. Was difease or injury In any way related to occupation of deceased?
20. FILED D-LC. 16, 1931 Th. K. Evod	Signed Augu & Deully M. D.
Registrar.	(Address Office of A. )

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Name of the second seco			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V S No. 1

PLACE OF DEATH	14625 STATE OF MARYLAND
County (Pat)	CERTIFICATE OF DEATH
	Registration Dist. No. 250
Village or City Jufferly (No.	St.: Ward) (If death occurred in
2FULL NAME Baf folissors	tion, give Its NAME it - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Child WIDOWED, OR DIVORCED (Write the word) 16	DATE OF DEATH  OCC 2/ , 193/  (Month) (Day) (Year)
6 DATE OF BIRTH Dec 21 1931	
	at I last saw ham alive on 21, 1931,
11	d that death occurred on the date stated above, atm.
yrsds. or 30 min.?	According to the second
(a) Trade, profession or particular kind of work	Minaline Rolly (6 mg)
(b) General nature of industry business, or establishment in	***************************************
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Secondary  Ourstion Tis mos ds.
PACE TEMPOR	med) Isulfulguely M.D.
U 11 BIRTHPLACE OF FATHER	Set to the Diego Causing Doth or in death to
C (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MOTHER 181	LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER At 1	place In the State yrs mos ds.
Who	ere was disesse contracted,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mer or al residence
(Address) Full holy med 19	BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1000 22,1931 Jame J. Knoths 20	ASSESSMEN GODRESS
	, ceased file of the second

# REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on Locomotive engineer,

s, inal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same dise se. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bisforer (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

on Nomenclature of the affirment in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. "E:haustion," "Heart failure," "Ilaemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n\_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Example: Measles (disease etc. The contributory

V. S. No. 1

N. BWRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
y item	S sho	t of	1
. Ever	ICIVIN	temen	
CORD	PHYS	ict sta	
	, Y.	Exa	
ANEN	CTI	ssified.	
ERM	EXA	y class	ite.
SAI	tated	roper	rtifica
HIS I	be s	be p	ef ce
K-T	plnous	t may	back
VG IN	AGE :	that i	ous or
FADIN	ied.	ns, se	structi
I UNI	lddus	in terr	see ins
WITH	efully	in pla	ant.
N. D.	be car	ATH	mport
PLAI	pino	F DE	very in
RITE	ion sh	USEC	TION is very important. See instructions on back of certificate.
3.—W]	mat	CAI	TIO
N. H	3	-	

2. FULL NAME MC COUNTY No. Langth of residence in eith or recovered in a hospital or institution, give its NAME instead of states and number?  Langth of residence in eith or from where death occurred. O Myrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH 14626
Village or City. M. Fred Partell. 1944.  Langth of residence in city or town where death occurred. 6 4/15. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Hew long in U.S. II of foreign birth 1952. Mes. 65. Her II of the U.S. II of the U.S		(26)
Langth of residence in city or town where death occurred. Only 15. If of freelign birth M. interest of street and number)  2. FULL NAME  (a) Residence: No.  Vy Langth of treet and number)  (b) Residence: No.  Vy Langth of treet and number)  (a) Residence: No.  Vy Langth of treet and number)  (b) Residence: No.  Vy Langth of treet and number)  (c) Residence: No.  Vy Langth of treet and number)  (d) Residence: No.  Vy Langth of treet and number)  (d) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  Vy Langth of treet and number)  (e) Residence: No.  (e) Residence	County G & Co	Registration Dist. No. 250
2. FULL NAME  (a) Residence: No.  (b) Line Personal and State  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  5. SINCLE MARKED, WIDOWED, OR HOUSE, HOUSE, OR HO		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. The flat flat block in J. St., Ward. If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIOOWED, OR DIVORCED (connection word)  Sa. If married, indicated, or divorged), Q. Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word)  Sa. If married, indicated, or divorged), Q. Connection word (Carried word), and Carried word (Carried word), and Carrie	Langth of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIOWED, OR DEVOKED Comic the word)  Walt  Walt  S. SINGLE, MARRIED, WIOWED, OR DEVOKED Comic the word)  Walt  Walt  S. SINGLE, MARRIED, WIOWED, OR DEVOKED Comic the word)  Walt  Walt  S. SINGLE, MARRIED, WIOWED, OR DEVOKED Comic the word)  Walt  Walt  S. SINGLE, MARRIED, WIOWED, WIOWED, OR DEVOKED Comic the word)  Walt  Walt  S. SINGLE, MARRIED, WIOWED, WIOWED, OR DEVOKED Comic the word)  Walt  Walt  S. SINGLE, MARRIED, WIOWED, WIOWED, OR DEVOKED Comic the word)  Walt  Walt  S. J. Married, widowed, or diverged; D. D. a	2. FULL NAME Wary Eligabily Form	may
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIOOWED, Ornic the word)  Will SAND of DIVORED Comits the word)  So. If married, widewed, or divergedy 10 2 a.m.  Government of Control of State of Country)  5. If Married, widewed, or divergedy 10 2 a.m.  Government of Control of State of Country)  5. If Married, widewed, or divergedy 10 2 a.m.  Government of Control of State of Country)  1. Industry or dusiness in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, BOOKKEEPER, atc.  S. Industry or business in which side of work done, as 5 SPINNER, SAWTER, SA	(a) Residence: No. Thustyrely Just	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)  So. If married, widowad, or divorced, Of company of the control of the		
Sa. If married widowad, or diversely 0.02 on the standard deceased from the		
1 HEREBY CERTIFY, That I attanded deceased from HUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from HUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY, That I attanded deceased from MUSBAND OF CERTIFY (State or country)  2. I HEREBY CERTIFY (State or	Lucy Watte OR DIVORCED (write the word)	Atuc 2 193/
(or) WIFE of HAMMET  6. DATE OF BIRTH (month, day, and yaar) Det 30 / F6 7  7. AGE Yaars Months Days If LESS than 1 day	5a. If married, widowad, or divorced, O.O. A	
6. DATE OF BIRTH (month, day, and year) Ord 30 / Fb 7  7. AGE Years Months De's If LESS than 1 day, hrs. or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWE, BOOKKEPER, atc the left of the second of the date stated abova, at. T. J. A. m.  9. Trada, profession, or particular kind of work done, as SPINNER, SAWE, BOOKKEPER, atc the left of the second of the date stated abova, at. T. J. A. m.  10. Particular and the date stated abova, at. T. J. A. m.  11. Total time (years) spin of the second of the	(or) WIFE of Hannet	y
7. AGE Years Months Days If LESS than 1 day	0200 1517	
Secretary   Secr		
8. Trada, profession, or particular kind of work done, as SPINER, SAWYER, BOKKEPER, atc bule lafe SAWYER, BOKKEPER, atc bull lafe SAWYER, BOKKEP, atc bull lafe SAWYE		
SAVER, BOXKEPER, atc.  SAVER, BOXKEPER, Acc.  SAVER, BOXKEPER, atc.  SAVER, BOXKEP, BOXKEP, BILL In also the following:  SAVER, BOXKEP, BOX		wars se followe:
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, GREMATION, OR REMOVAL Place (Addrass)  19. UNOERTAKER (Addrass)  19. UNOERTAKER (Addrass)  19. Jessel Jacob Jac	8. Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Lewis Comman Wilder
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, GREMATION, OR REMOVAL Place (Addrass)  19. UNOERTAKER (Addrass)  19. UNOERTAKER (Addrass)  19. Jessel Jacob Jac	9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	
Other Contributory Causes of Importance: Island From  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, GREMATION, OR REMOVAL  Place of Maller  Place of Operation  Name of operation  Nam	10. Date dacaased last worked at this occupation (month and year) spart in this year) occupation out file.	——————————————————————————————————————
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, GREMATION, OR REMOVAL  Place  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  10. Was there are a ulopsy?  Manner of operation  Name of operation  Poul  (State or country)  What tast confirmed plagnosis?  What tast confirmed plagnosis?  Manner of injury  20. If death was due to external causes (Violence) fill In also the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  Natura of injury  19. UNOERTAKER  (Address)  (Signed)  19. UNDERTAKER  (Signed)  (Signed)  Manner of injury in any way related to occupation of decaased?  My D.	12. BIRTHPLACE (city or town) QQQ By My.	Other Contributory Causes of Importance: Cesthusa From
14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNOERTAKER  (Addrass)  (Addrass)  (Stata or country)  Name of operation  (Stata or country)  What tast confirmed diagnosis? Jungary Ethnig. Was thara an autopsy? Mi  23. If death was due to external causes (VIDLENCE) fill In also tha following:  Accident, suicide, or homicide?  (Specify city or town, country and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  19. UNOERTAKER  (Addrass)  (Signed)  14. Mattacaffe  My D.  Natura of State  (Signed)  Natura of Manner of Mattacaffe  My D.		Pay Haddy operalyon
What tast confirmed diagnosis? Many Cloniq Was thar an autopsy? Ma	13. NAME Trank Trulist	
What tast confirmed diagnosis? Many Cloniq Was thar an autopsy? Ma	4. BIRTHPLACE (city or town) - Lubism	Name of operation Poul Venus Oats of Out 14.193
Whara did injury occur?  17. INFORMANT  (Address)  18. BURIAL, GREMATION, OR REMOVAL  Placa Whata Manner of injury  19. UNOERTAKER  (Addrass)  19. UNOERTAKER  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Specify city or town, county and State)  Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  24. Was diseasa or injury in any way related to occupation of decaased?  (Addrass)  (Specify city or town, county and State)  Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOM	(Stata of country)	What tast confirmed diagnosis? July Linis - Was thar an aulopsy? - Mi
Whara did injury occur?  17. INFORMANT  (Address)  18. BURIAL, GREMATION, OR REMOVAL  Placa Whata Manner of injury  19. UNOERTAKER  (Addrass)  19. UNOERTAKER  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Specify city or town, county and State)  Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  24. Was diseasa or injury in any way related to occupation of decaased?  (Addrass)  (Specify city or town, county and State)  Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOM	15. MAIDEN NAME / gebelly my drelend	23. If death was due to external causes (VI) LENCE) fill in also the following:
Whara did injury occur?  17. INFORMANT  (Address)  18. BURIAL, GREMATION, OR REMOVAL  Placa Whata Manner of injury  19. UNOERTAKER  (Addrass)  19. UNOERTAKER  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Addrass)  (Specify city or town, county and State)  Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  24. Was diseasa or injury in any way related to occupation of decaased?  (Addrass)  (Specify city or town, county and State)  Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in iNOUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in inoustry, in HOM	5 16-BIRTHPLACE (city or town) Lessen	Accident, suicide, or homicide?
Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, GREMATION, OR REMOVAL Placa Quincil Sull Oata Nec 4, 1931.  19. UNOERTAKER W- 4 Growth Sull Sull Sull Sull Sull Sull Sull Sul	(Stata or country)	
Placa PNUMEN Solution of the property of the p		Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
Placa (NUMC) Sulphology Onto the Company of Signed)  Placa (Numc) Sulphology Onto the Company of Signed)  Natura of injury  24. Was disease or injury in any way related to occupation of decaased?  If so, spacify  (Signed) The Mathematical Mag D. M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Addrass) & MUCh Sule M. If so, spacify  20. FILED 50037, 1921 Jas A Kunto (Signed) OH Uniteasle M.D.	Place Whiteh Hill Oats Dec 4, 1921	
20. FILED DED 3 1921 Jas D Knotto (Signed) OH Upitcaffe M.D.		24. Was diseasa or injury in any way related to occupation of decaased?
20. FILED 70-0, 1981 188	(Address) Amount and	(1) (1) 11/4- 0/
		710/20

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7.8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14627
1. PLACE OF DEATH	82-7
County Lucen Unne	Registration Dist, No. 254
Village or City Lucen stown	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
10 . 716	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carrie W. Mo	
(a) Residence: No. Sullandlew (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale White married	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced	
(or) WIFE of Noah Moore	1 HEREBY CERTIFY, That i ettended deceased from
6. DATE OF BIRTH (month, day, and year) May 1- 1869	1 last saw h alive on De 27 1934 : daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7.30 P.m.
62 7 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Date of onset
S. Hade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (month and	Parale Det
work was dona, as SILK MILL, SAW MILL, BANK, etc.	V
Data deceased last worked at this occupation (month end spant in this	
yaar) occupation	Other County of the Assessment of the County o
12. BIRTHPLACE (city or town) - Caraland	Other Contributory Causes of importance:
(State or country)	allow , Osterson
13. NAME Benjamin Ward	
14. BIRTHPLACE (city or town)	Nama of operation Dete of
(State or country) Wagland	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Congland	Accident, sulcide, or homicida? Data of injury, 19
m. I mel	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Les en alas en a	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place hurch Hill Date Jan 2, 1932	Nature of Injury
19. UNDERTAKER Polt. all. Eddins.	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Centreville, md.	If so, specify 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
20. FILED DEC. 31, 19 Jan Helen M. aldridg	e (Signed) Will Markets M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN G	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14628
1. PLACE OF DEATH	92-0
County Toll & Succe	Registration Dist. No. 25/
Village or City Clery VILLE	NDSt,Ward
Langth of residence In city or town where death occurred / Ars. 2 mos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME ROES Would Staube	de. Hewtong in U.S. It of foreign birth?yrsde.
( ) Me A sella 1	
(a) Residence: No. (Usual place of al/ode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COUR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word)	21. DATE OF DEATH DER 22
5a If married widowed or diversed	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	i lest saw h full elive on Dee 2-1 193/ : deeth is said
7. AGE Years / Months Days 4 If LESS than	to have occurred on the date stated above, at
1930 Ock 13 1 dey,	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
_   8. Trada profession or particular	Touche as ( her months
8. Trada, profession, or particular kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc	Dee
O. Industry or business In which work was done, as SILK MILL	18-
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Dato decessed last worked et this occupation (month and	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or Jountry) Clercy Acres &	
13. NAME & Cell ( willo Mer Bley.	A
14. BIRTHPLACE (city of town) COU Seems Colled	Name of operation Lock Detect
(State of country)	What test confirmed diagnosis? Utile Was there an eulops of
15. MAIDEN NAME OCCOMENTALISM	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME OCCUPATION OF THE STATE OF T	Accident, suicide, or homicide? Led Date of injury 70 946
E (State or country) Kulp of Coce	Whera did injury occur?
17. INFORMANT A LIFE THE MENT Bley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVALLE	Manner of injury Call
Place Church Hillipate Dec d 3, 193	Nature of injury UDGG
19. UNDERTAKER John & Munghy (Address) Fire mo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec-23193 ( V. H. Grand. Registrar.	(Address) Delever Will bed M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	111111111	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ATT T			
140	TELEVI		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

County Queau Que	STATE
	Regist
Village or City Lear (entriville (No.	St.:
2FULL NAME Premature Bis	the nickerson
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC
male White Single, MARNIED; WIEDER OF DIVORCED	16 DATE OF DEATH No.
6 DATE OF BIRTH  29. 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, Th
7 AGE   If LESS than   I dayhrs. ormin.?	and that death occurred on the dat The CAUSE OF DEATH * was as fol
(a) Trade, profession or	Consende w
particular kind of work (b) General nature of industry	Granatur
business, or establishment in which employed or (employer)	(Duratio
9 BIRTHPLACE (State or country) Ind.	Contributory Secondary (Duretic
10 NAME OF Saine F. Mckerson	(Signed) (12/12
OF FATHER  (State or country)	*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
of Mother Many Ruch Banny	18 LENGTH OF RESIDENCE (For
13 BIRTHPLACE OF MOTHER State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) mother)	usual residence
(Address) Centrevelle, P. f. W.	19 PLACE OF BURIAL OR REMOVAL
15 Filed / 2 - 1 - 1923 / Prf. W. Eddur	Tym & Good

OF MARYLAND

14629

CATE OF DEATH

ration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME ir-stead of street and number.)

CATE OF DEATH h) (Year) (Year) stated above, at yra.....da. Death, or, In deaths from of injury and (2) Whether Hospitals, Institutions, Trans-

> In the State.

...yrs.....mos.....

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as *Doy laborer*, *Farm loborer*, *Loborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) Grocery; mnan, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustlon," "Heart failure, Lia "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustlon," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) affection need Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; " Shock," not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.-WRITE PLAINEY,

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	11
1. PLACE OF DEATH	(3)	,
County Julia VVIII	Registration Dist. No. 2 5 4	+ 1
Village or City Tracous vice	NoSt.,	Ward
Length of residence in city or town where death occurredyramos	death occurred in a horpital or institution, give its NAME instead of street and numb-	
2. FULL NAME James 19. 1Choa	des	
(a) Residence: No. Trasorville	— St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DERI 23	,
5 Married	(Month) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. , I HEREBY CERTIFY, Jhat I attended decea	end from
Mane of Johnson	Jan 1 193/10 alle 23.	3/
6. DATE OF BIRTH (month, dey, end year) Jan. 21-1857	Tlast saw h. Luc alive on Lell 2/ 13/; dea	th is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 5.30 P.m.	
74 11 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, General Murchan SAWYER, BOOKKEPER, etc	Par A-f-	e of onset
SAWYER, BOOKKEEPER, etc.	Mraucy reffuse	×-2-2
work was done, as SILK MILL, Jewan Store SAW MILL, BANK, etc.	replicalis /	129
11. Total time (years)		
this occupation (month end spant in this occupation coupetion		
12. BIRTHPLACE (city or town) MARKEL O.A.	Other Coutributory Causes of importance:	
(State or country)		
13. NAME John J. Thoras	1	
14. BIRTHPLACE (city or town)	Name of operation lastelys tulawy Date of 79	29
(Stete of country)	What test confirmed diagnosis?	y?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury,	19
State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT CUST / CANADOLIC Sea	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)  18. BURIAL, CREMATION, OR REMOVAL		
Place Centreville Date 12-26, 1931	Manner of Injury	
Pall W Edding	Nature of injury	
19. UNDERTAKER (Address) (Seutreville	24. Was disease or injury In any way related to occupation of deceased?	
00 51150 Age 26 21 - 260. m (Tod)	(Signed) Laure free	M D
20. FILED & CC. 19.30 & Clery 11. Wellia.	(Address) Justin James	m. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
BURELUV			
	~		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14631
County Alled Mene	Registration Dist. No. 250
Village or City for Clay	No. St Ward
Langth of residence in city town where deeth occurred 12 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME IT DEPMAN ROES	Celes
(a) Residence: No. 124 Class	St., Ward. Her thous
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Rale Colored Pharme of	ALE 6 , 193/
5e. If married, widowed, or divorced HU3BANO of	
(or) WIFE of La Pollogie	1 HEREBY CERTIFY Thet I ettended decessed from
6. DATE OF BIRTH (month, dey, end yeer)	I lest sawh Here alive on Ree 3 ,193 / ; death is said
7. AGE Years Months Oays If LESS then 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL AUSE OF DEATH and related causas of Importance
8. Trede, profession, or particular	were is tolows Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Deapilla.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc.  10. Oeta deceesed last worked et this occupation (month and	Libercelous Hour
10. Oeta decessed last worked et this occupation (month and   4/3/   11. Totel tima (yeers) spant in this (/ 2/4)	
year) occupation	Other Contributory Causes of importance: R P
12. BIRTHPLACE (city or town) SCOM AFERCE (State or country)	Heele alphiles
	Tulpar Acobula 1931
14. BIRTHPLACE (city or town) LLLEGY NELLE CO.	Neme of operation. Allese see Que of T
	What test confirmed diagnosis? He alegaewes there an eulopsy to
15. MAIOEN NAME REALERS AFFILIO  16. BIRTHPLACE (cits or town Cley Affilia)	23. If deeth wes dua to external causes (VIOLENCE) fill in elso tha following:
O 16. BIRTHPLACE (city or town) Comments of the Comments of th	Accident, suicide, or homicide? Coate of injury Where did injury occur?
17. INFORMANT Las Repetable	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Service (Address) 18. BURIAL, CREMATION, OR REMOVAL	·
Plece MC Sign Octo Tee. 9 1931	Menner of injury
19. UNDERTAKER TO HE GOOD	Netura of injury  24. Wes disease or injury in eny wey releted to occupetion of decessed?
(Addrass) Church Hill.	If so, specify
20. FILED & LEVE, 19 Martha a Phillips. Respirar.	(Signety Cottog) (Signety M.D. (Address) Chullet M.D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis   F 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7.1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE	OF	DEATH	
		in anne	

14632

# STATE OF MARYLAND CERTIFICATE OF DEATH

(131)

CER	HEICAL	L U	r	DEAL	H
	Registration	Dist	No	2.5	-2

Village or City O workelite (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Wee. 2 2- , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH Sort Know. (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192 192 192 192 192 193 193 193 193 193 193 193 193 193 193
103 yrs mos ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Sauck Roomfaor  11 BIRTHPLACE OF FATHER	Cleronia Suttratutul replantio with artario Solomon (Duration)  Contributory Secondary  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Contributory  (Duration)  (Contributory  (Duration)  (Duration)  (Signed)  (Address)  (Contributory  (Contributory  (Duration)  (Contributory  (Contributory
(State or country)  12 MAIDEN NAME Name Cornich  13 BIRTHPLACE OF MOTHER (State or Country)  Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant) Harrist Thompson ( je  (Address) Cantreville Md. Atls	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  VALUE OF BURIAL
15 Filed 12-24 1987 Robt W. Edwis	20 UNDERTAKER  WE HE GOVE THE CONTROL OF THE CONTRO

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

台

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without nine recommend in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. But in many Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> acgident; Revolver wound of head-homicide; Poisoned by approved by Committee on (Recommendations on statement of cause of teanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature Always qualify all Measles ; disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

V. S. No. 1

m

PHYSId. Exact

PLACE OF DEATH	14633 STATE OF MARYLAND
County Queen and	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Stevensvill (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Charles (6)	olson steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thite Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jez 18 , 1931.  (Month) (Day) (Year)
6 DATE OF BIRTH	W. 23 . 1930 to DW 18
(Month) (Day) (Year)	that I last saw hour alivo on 12 18 1921;
7 AGE [If LESS than	and that death occured on the date stated above, at 9 0 m.
l dayhrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Tiberculosis of lungs
(b) General nature of industry business, or establishment in which employed or (employer). Mary & Callana	Contribut Acute Per condition and entounditions
9 BIRTHPLACE (State or country) Marylana	Secondary O. (Duration) yrs
FATHER Charles & Tolson	(Signed) M. D. (Address) Sevens all
State or country) Maryland	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Emply Caroline andered	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- Vents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maruland	At place of death yis mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sul 1 drow Slift from of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
. (Address) MARMAN	20 UNDERTAKER ADDRESS /
Filed DEC 19 198/ F. C. Moguas	H. Anders Stevensulle ma

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bakto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e g.. Farmer or Planter, cupation is very important, so that the wrive health. en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, (b) Cotton mill, (a) Salesman. (b) Grocery; nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation—Precise statement of ocbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATING Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal forcer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,");

"Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis, causing (secondary or intercurrent) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(clanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as by Committee on cough; Chronic etc. affection need not be valvular heart Nomenclature of the The contributory discase;

If this certificate is looked over thoroughly and all questions as we had in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is commandently filed.

6

V. S. No. 1

2	181	
1	X	PHYSI-
	CORD	EXACTLY,
O	ENT	se stated
BINDIN	PERM	should t
FOR	IS A	ACE tha
MARGIN RESERVED FOR BINDING	MI WITH UNFADING INK-THIS IS A PERM ENT CORD	ormation should be carefuily supplied. ACE should be stated EXACTLY, PHYSI-ste CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
MARGIN	UNFADIN	uld be car
2	WITH	mation sho
	T-IC	ori

X	YSI- xact	PLACE OF DEATH			14634 STATE OF MARYLAND			
	E .	County Queen anne.			CERTIFICATE OF DEATH			
	× 90	20 4 4			Registration Dist. No. 2			
Q	SSIF	Village or Ci	Chestertow	No		St.: Ward)	(If death occurred in a hospital or institu-	
COR	stated EXA properly cla	2FULL NAME Sunuel a. Wa				tion, give its NAME I:-		
1		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH				
Z		3 SEX	4 COLOR OR RACE	MARRIED, widerned. WIDOWED.	16 DATE OF DEATH	Des	30., 1931	
	may be	male	White	OR DIVORCED (Write the word)	***************************************	00	(Day) (Year)	
ERM	should it may s on ba	6 DATE OF BIRTH June 11 1847			that I last saw he was as follows:  The CAUSE OF DEATH * was as follows:  Le L			
PE	5 + 0							
×	supplied. ACE s in terms so that i See instructions	(Month) (Day) (Year)						
IS		7 AGE 84 yrs. 6 mos. 18 LESS than 1 day hrs. or min.?						
HIS	ms							
T	supplied n terms See instr	B OCCUPATION (a) Trade, profession or Relaxed.						
X	20 1111	(b) General nature of industry business, or establishment in which employed or (employer)			<i>M</i>			
61	in plair rtant.			Chronic Brights descard (Duration) to 8 yrs. mos 5 ds.  Contributory Secondary  (Duration) yrs. 6 mos. ds.				
	EATH Impor							
FA		(State or country) flew. Jersey.						
5	F DI		FATHER Andrew Wallen			(Signed) M. D.		
H	Sho	0 11 BIRTHPLACE			CC, 301921 (Address) Crawn Mu Mel			
WIT	O C S	OF FATHER (State or country) Winkown. (M.J.)  12 MAIDEN NAME annul Smalley.		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)				
0	TOB							
	etate ccupa	13 BIRTH	THER D	Q.,	At place of death yrs	In the	eds.	
PI	-00		(State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disesse contracted, if not at place of dea.h?			
	20	(Informant) M. n. a. Wallen.		Former or usual residence				
'RI	ite S sl men			19 PLACE OF BURIA	L OR REMOVAL	PATE OF BURIAL		
×	Every item CIANS sho statement	(Ad	(Address) Millington, Md.		Crumpto	n, md.	Jan. 2, 1931	
	BEV	Filed /	lee.30 1934	JAM. Stack. Registrar	WINDERTAKER	Tolin & Son.	Millinester M	
	zi(7)		If more branks are	needed, addre.s State Registra	r, 16 W. Saratoga St.,	Balto., Requesting V. S.	5. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, engineer, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("'Pneumonia,")

American Medical Association.) approved "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acidaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature of the or intercurrent) -probably suicide. The nature of the injury, Chronic Example: Measles (disease " "Old Age, " "Shock, " "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.